PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/5/9456

| CLAIMS AS FILED - PART I | | | | | | | | _ | · | <u></u> | | <u> </u> |
|---|--|---|--------------------------------------|-----------------------------------|-----------------------|------------------------------|--------|---------------------|------------------------|---------|---------------------|-------------------------|
| | | | (Column 1) | | | SMALL E TYPE Column 2) | | SMALL ENT | TITY | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | | 1 | RATE | FEE |] | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | 16/0 | 1 | EXAM. FEE | |
| SEARCH FEE | | | | | | | | SEARCH FEE | 201) | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | mir | nus 100 = | | / 50 = | | X \$ 125 = | 7 | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20 = * | | | , | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = * | | | / | 1 | X \$ 100 = | /- | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | <u> </u> | | | + \$ 180 = | /, | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | ess than zero, enter "0" in co | | | lumn 2 | | TOTAL | 1/50 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | SMALL EI | NTITY | OR | OTHER I | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMI PREVIC PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | l | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | • | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | on 2) | (Column 3) | | | | | • | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL .FEE |
| | Total | * | Minus | ** | | = | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEP | ENDENT C | LAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | |
| *** | If the "Highest Nu If the "Highest Nu | ımn 1 is less than the mber Previously Pai mber Previously Paid nber Previously Paid | d For" IN THIS S d For" IN THIS S | PACE is less | than '20 than '3'. | ', enter "20". enter "3". | in the | | in column 1 | | | |